

13146

UTILITY**PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. P-6388-US

First Inventor or Application Identifier

GINZBURG, Boris

Title METHOD AND APPARATUS TO MULTICAST TRANSMISSION

Express Mail Label No.

US PTO

APPLICATION ELEMENTS

See MPEP chapter 600 concerning patent application contents

ADDRESS TO:
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-145022141 US PTO
10/8/2027

- * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages 23]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
- Oath or Declaration [Total Pages 4]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

7. CD-ROM or CD-R in duplicate, large table or Computer Program *(Appendix)*
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 C.F.R. §3.73(b) Statement *(when there is an assignee)* Power of Attorney
11. English Translation Document *(if applicable)*
12. Information Disclosure Statement(IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 5303) *(Should be specifically itemized)*
15. Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16. Postcard
Other: _____

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ / _____
Prior application information: Examiner Group/Art Unit

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS Customer Number or Bar Code

27130

or Correspondence address below

(Insert Customer No. or Attach bar code label here)

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City	New York	State	New York	Zip Code	10020
Country	USA	Telephone	(212) 632-3480	Fax	(212) 632-3489

Name (Print/Type)	Mark S. Cohen	Registration No. (Attorney/Agent)	42,425
Signature	Date 31 March 2004		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

13146 U.S. PTO
033104

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number:	
		Filing Date:	
		First Named Inventor:	GINZBURG, Boris
		Examiner Name:	
		Group / Art Unit:	
		Attorney Docket No.:	P-6388-US
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1614			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 05-0649 Deposit Account Name: Eitan, Pearl, Latzer & Cohen Zedek, LLP		3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> </tr> <tr> <td>1051</td> <td>180</td> </tr> <tr> <td>1052</td> <td>50</td> </tr> <tr> <td>1053</td> <td>130</td> </tr> <tr> <td>1812</td> <td>2,520</td> </tr> <tr> <td>1804</td> <td>920*</td> </tr> <tr> <td>1805</td> <td>1,840*</td> </tr> <tr> <td>1251</td> <td>110</td> </tr> <tr> <td>1252</td> <td>420</td> </tr> <tr> <td>1253</td> <td>850</td> </tr> <tr> <td>1254</td> <td>1,480</td> </tr> <tr> <td>1255</td> <td>2,010</td> </tr> <tr> <td>1401</td> <td>330</td> </tr> <tr> <td>1402</td> <td>330</td> </tr> <tr> <td>1403</td> <td>280</td> </tr> <tr> <td>1451</td> <td>1,510</td> </tr> <tr> <td>1452</td> <td>110</td> </tr> <tr> <td>1453</td> <td>1,330</td> </tr> <tr> <td>1501</td> <td>1,330</td> </tr> <tr> <td>1502</td> <td>480</td> </tr> <tr> <td>1503</td> <td>840</td> </tr> <tr> <td>1460</td> <td>130</td> </tr> <tr> <td>1807</td> <td>50</td> </tr> <tr> <td>1808</td> <td>180</td> </tr> <tr> <td>8021</td> <td>40</td> </tr> <tr> <td>1809</td> <td>770</td> </tr> <tr> <td>1810</td> <td>770</td> </tr> <tr> <td>1801</td> <td>770</td> </tr> <tr> <td>1802</td> <td>900</td> </tr> <tr> <td>Other fee (specify) _____</td> <td></td> </tr> <tr> <td>Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$)</td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	1051	180	1052	50	1053	130	1812	2,520	1804	920*	1805	1,840*	1251	110	1252	420	1253	850	1254	1,480	1255	2,010	1401	330	1402	330	1403	280	1451	1,510	1452	110	1453	1,330	1501	1,330	1502	480	1503	840	1460	130	1807	50	1808	180	8021	40	1809	770	1810	770	1801	770	1802	900	Other fee (specify) _____		Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$)
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark S. Cohen	Registration No. (Attorney/Agent)	42,425
Signature		Telephone	(212) 632-3480
		Date	March 31, 2004

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